

| <b>DEPARTMENT OF DEFENSE</b><br><b>CONTRACT SECURITY CLASSIFICATION SPECIFICATION</b><br><i>(The requirements of the DoD Industrial Security Manual apply to all aspects of this effort)</i>   |  |  |  | <b>1. CLEARANCE AND SAFEGUARDING</b><br>a. FACILITY CLEARANCE REQUIRED<br>Secret<br>b. LEVEL OF SAFEGUARDING REQUIRED<br>Secret |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
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| <b>2. THIS SPECIFICATION IS FOR: (X and complete as applicable)</b>  |  |  |  | <b>3. THIS SPECIFICATION IS: (X and complete as applicable)</b>   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <input type="checkbox"/>   | a. PRIME CONTRACT NUMBER                                   |  | <input checked="" type="checkbox"/>  | a. ORIGINAL (Complete date in all cases)<br>Date (YYYYMMDD)<br><b>20070430</b>  |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <input type="checkbox"/>   | b. SUBCONTRACT NUMBER                                      |  | <input type="checkbox"/>   | b. REVISED (Supersedes all previous specs)  | Revision No.<br>Date (YYYYMMDD)     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <input checked="" type="checkbox"/>  | c. SOLICITATION OR OTHER NUMBER<br><b>W56HZV-07-R-0315</b> | Due Date (YYYYMMDD)<br><b>20070430</b> | <input type="checkbox"/>   | c. FINAL (Complete Item 5 in all cases)<br>Date (YYYYMMDD)  |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <b>4. IS THIS A FOLLOW-ON CONTRACT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes complete the following<br>Classified material received or generated under _____ (Preceding Contract Number) is transferred to this follow-on contract  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <b>5. IS THIS A FINAL DD FORM 254?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If Yes complete the following<br>In response to the contractor's request dated _____, retention of the identified classified material is authorized for the period of <u>12</u> .  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <b>6. CONTRACTOR (Include Commercial and Government Entity (CAGE) Code)</b>  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| a. NAME, ADDRESS, AND ZIP CODE   |  | b. CAGE CODE                           |  | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip Code)  |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
|  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <b>7. SUBCONTRACTOR</b>  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| a. NAME, ADDRESS, AND ZIP CODE   |  | b. CAGE CODE                           |  | c. COGNIZANT SECURITY OFFICES (Name, Address, and Zip Code)   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
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| <b>8. ACTUAL PERFORMANCE</b>   |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| a. LOCATION  |  | b. CAGE CODE                           |  | c. COGNIZANT SECURITY OFFICE (Name, Address, and Zip Code)  |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
|  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <b>9. GENERAL IDENTIFICATION OF THIS PROCUREMENT</b><br>Medium Mine Protected Vehicle (MMPV) Production Contract.  |  |  |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">10. THIS CONTRACT WILL REQUIRE ACCESS TO:</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> <th style="width: 35%;">11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> </tr> <tr> <td>a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>b. RESTRICTED DATA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>b. RECEIVE CLASSIFIED DOCUMENTS ONLY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>c. RECEIVE AND GENERATE CLASSIFIED MATERIAL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. FORMERLY RESTRICTED DATA:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>e. INTELLIGENCE INFORMATION:</td> <td style="background-color: #cccccc;"></td> <td style="background-color: #cccccc;"></td> <td>e. PERFORM SERVICES ONLY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    (1) Sensitive Compartmented Information (SCI)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>    (2) Non-SCI</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>f. SPECIAL ACCESS INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>h. REQUIRE A COMSEC ACCOUNT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>g. NATO INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>i. HAVE A TEMPEST REQUIREMENT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>h. FOREIGN GOVERNMENT INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>i. LIMITED DISSEMINATION INFORMATION</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>j. FOR OFFICIAL USE ONLY INFORMATION</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>l. OTHER (Specify).</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>k. OTHER (Specify)<br/>Collateral Classified Information up to Secret</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |   |                                     | 10. THIS CONTRACT WILL REQUIRE ACCESS TO: | YES | NO | 11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL: | YES | NO | a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY | <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. RESTRICTED DATA | <input type="checkbox"/> | <input checked="" type="checkbox"/> | b. 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HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (2) Non-SCI | <input checked="" type="checkbox"/> | <input type="checkbox"/> | g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | f. SPECIAL ACCESS INFORMATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. REQUIRE A COMSEC ACCOUNT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | g. NATO INFORMATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | i. HAVE A TEMPEST REQUIREMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | h. FOREIGN GOVERNMENT INFORMATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | i. LIMITED DISSEMINATION INFORMATION | <input type="checkbox"/> | <input checked="" type="checkbox"/> | k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE | <input type="checkbox"/> | <input checked="" type="checkbox"/> | j. FOR OFFICIAL USE ONLY INFORMATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | l. OTHER (Specify). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | k. OTHER (Specify)<br>Collateral Classified Information up to Secret | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |  |  |
| 10. THIS CONTRACT WILL REQUIRE ACCESS TO:  | YES  | NO                                     | 11. IN PERFORMING THIS CONTRACT, THE CONTRACTOR WILL:  | YES   | NO                                  |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| a. COMMUNICATIONS SECURITY (COMSEC) INFORMATION  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | a. HAVE ACCESS TO CLASSIFIED INFORMATION ONLY AT ANOTHER CONTRACTOR'S FACILITY OR A GOVERNMENT ACTIVITY                    | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| b. RESTRICTED DATA   | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | b. RECEIVE CLASSIFIED DOCUMENTS ONLY   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| c. CRITICAL NUCLEAR WEAPON DESIGN INFORMATION  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | c. RECEIVE AND GENERATE CLASSIFIED MATERIAL  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| d. FORMERLY RESTRICTED DATA:   | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | d. FABRICATE, MODIFY, OR STORE CLASSIFIED HARDWARE   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| e. INTELLIGENCE INFORMATION:   |  |  | e. PERFORM SERVICES ONLY   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| (1) Sensitive Compartmented Information (SCI)  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | f. HAVE ACCESS TO U.S. CLASSIFIED INFORMATION OUTSIDE THE U.S., PUERTO RICO, U.S. POSSESSIONS AND TRUST TERRITORIES        | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| (2) Non-SCI  | <input checked="" type="checkbox"/>                        | <input type="checkbox"/>               | g. BE AUTHORIZED TO USE THE SERVICES OF DEFENSE TECHNICAL INFORMATION CENTER (DTIC) OR OTHER SECONDARY DISTRIBUTION CENTER | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| f. SPECIAL ACCESS INFORMATION  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | h. REQUIRE A COMSEC ACCOUNT  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| g. NATO INFORMATION  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | i. HAVE A TEMPEST REQUIREMENT  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| h. FOREIGN GOVERNMENT INFORMATION  | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | j. HAVE OPERATIONS SECURITY (OPSEC) REQUIREMENTS   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| i. LIMITED DISSEMINATION INFORMATION   | <input type="checkbox"/>                                   | <input checked="" type="checkbox"/>    | k. BE AUTHORIZED TO USE THE DEFENSE COURIER SERVICE  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| j. FOR OFFICIAL USE ONLY INFORMATION   | <input checked="" type="checkbox"/>                        | <input type="checkbox"/>               | l. OTHER (Specify).  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |
| k. OTHER (Specify)<br>Collateral Classified Information up to Secret   | <input checked="" type="checkbox"/>                        | <input type="checkbox"/>               |  |   |                                     |   |     |    |   |     |    |   |                          |                                     |   |                          |                                     |                    |                          |                                     |                                      |                          |                                     |   |                          |                                     |   |                                     |                          |                              |                          |                                     |  |                          |                                     |                              |  |  |                          |                          |                                     |   |                          |                                     |   |                          |                                     |             |                                     |                          |  |                          |                                     |                               |                          |                                     |                             |                          |                                     |                     |                          |                                     |                               |                          |                                     |                                   |                          |                                     |  |                                     |                          |                                      |                          |                                     |   |                          |                                     |                                      |                                     |                          |                     |                          |                                     |  |                                     |                          |  |  |  |

**12. PUBLIC RELEASE.** Any information (*classified or unclassified*) pertaining to this contract shall not be released for public dissemination except as provided by the industrial Security Manual or unless it has been approved for public release by appropriate U.S. Government authority. Proposed public release shall be submitted for approval prior to release

☐

Direct

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Through (*Specify*):

TACOM G2 LCMC OPSEC review contact Garry Reynolds (586) 574-6262; Mail TACOM G2 LCMC 6501 E. 11 Mile Road Warren, MI 48397

to the Directorate for Freedom of Information and Security Review, Office of the Assistant Secretary of Defense (Public Affairs)\* for review.  
\*In the case of non-DoD User Agencies, requests for disclosure shall be submitted to that agency.

**13. SECURITY GUIDANCE.** The security classification guidance needed for this effort is identified below. If any difficulty is encountered in applying this guidance or if any other contributing factor indicates a need for changes in this guidance, the contractor is authorized and encouraged to provide recommended changes: to challenge the guidance or classification assigned to any information or material furnished or generated under this contract; and to submit any questions for interpretation of this guidance to the official identified below. Pending final decision, the information involved shall be handled and protected at the highest level of classification assigned or recommended. (*Fill in as appropriate for the classified effort. Attach, or forward under separate correspondence, any document/guides/extracts referenced herein. Add additional pages as needed to provide complete guidance.*)

PEO Security Classification Guide for Armoring dated 06 Apr 2007 will be used for this contract.

**14. ADDITIONAL SECURITY REQUIREMENTS.** Requirements, in addition to ISM requirements, are established for this contract. (*If Yes, identify the pertinent contractual clauses in the contract document itself, or provide an appropriate statement which identifies the additional requirements. Provide a copy of the requirements to the cognizant security office. Use Item 13 if additional space is needed.*)

☐

Yes

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No

**15. INSPECTIONS.** Elements of this contract are outside the inspection responsibility of the cognizant security office. (*If Yes, explain and identify specific areas or elements carved out and the activity responsible for inspections. Use Item 13 if additional space is needed.*)

☐

Yes

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No

**16. CERTIFICATION AND SIGNATURE.** Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified effort. All questions shall be referred to the official named below.

a. TYPED NAME OF CERTIFYING OFFICIAL

1

b. TITLE

c. TELEPHONE (*Include Area Code*)

d. ADDRESS (*Include ZIP Code*)

TACOM WARREN  
AMSTA-CS-S  
WARREN, MICHIGAN 48397-5000

e. SIGNATURE

**17. REQUIRED DISTRIBUTION**

☒

a. CONTRACTOR

☐

b. SUBCONTRACTOR

☒

c. COGNIZANT SECURITY OFFICE FOR PRIME AND SUBCONTRACTOR

☐

d. U.S. ACTIVITY RESPONSIBLE FOR OVERSEAS SECURITY ADMINISTRATION

☐

e. ADMINISTRATIVE CONTRACTING OFFICER

☒

f. OTHERS AS NECESSARY